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UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE SCHEME

Vijnana Bhavana, Hunsur Road
Manasagangotri, Mysore-570 006

Requisition Form for Instrumentation Facility

Student Name:Gangothri MV Supervisor's Name: Dr.Nnanishankar V.Harohally.....
Student Designation:SRF.....
Department:PPSFT.....
Tel/Mobile no: 9480090682...Email:GMV1993@GMAIL.COM.....
Address:CSIR-CFTRI. MYSORE.....
Specification:2θ.....
Required Date and Time of Usage:21/02/2023.....
Instrument to be Used:P-XRD.....
Number of Samples:ONE.....
Type of Sample:SOLID(CRYSTAL).....
Special Requirements (if any):

Declaration:

I agree that all the information provided above is true. In any publication to be published using the results, Instrumentation Facility, IOE, University of Mysore, Manasagangotri, Mysore 570 006, India will be acknowledged and a copy of the same will be sent to the IOE Office, University of Mysore, Manasagangotri, Mysore 570 006, India.

Gangothri M.V
Signature of the Student

H.V.Nan. Shuka
Signature of the Guide/HOD (with seal)

For Office Use Only

